BIRTHPLACE

4 FATHER'S NAME

Yes

O CITY OR TOWN OF DEATH

James

underlying cause last

La Plata

James

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES

4 RACE

MIDDLE

W

(IF YES, GIVE WAR OR DATES)

W.W.II

White

Th CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

Albrittain

19

5. DATE OF BIRTH

| 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOUR | | |
|-------------------------|---------|--------|---------|----------|-------|--|
| | 1 | 16 | 86 | 3: | 25 | |
| 6. AGE (IN YEARS LAST B | RTHDAY) | IF UND | ERIYEAR | IF UNDER | 24 HR | |
| | | MONTHS | DAYS | HOURS | MIN | |

20 65 9 BALJIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED [

126 KIND OF PUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Physicians Memorial Hospital Propellent Maker-GOV'T

> 13e.STREET ADDRESS / ZIP.CODE BOX 1646 13d. INSIDE CITY LIMITS? 20646

> > MIDDLE

15. MOTHER'S MAIDEN NAME

YEAR

Mary Miles Box 1646

Albrittain.La Plata.Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

| 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | one couse per line for (0), (b), and ic BY: CAUSE (0) INPRIVENSABLE | Cardia anest | BETWEEN ONSET AND DEA |
|---|---|--------------------------|-----------------------|
| Conditions, if any, which gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | in with independent stat | walnung Com |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION | WAS PERFORMED | 20a AUTO | | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES |
|------------------------------|------------------------------------|--------------------------|-----------|---------------|--|
| 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCURRED | (ENTER NA | TURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 21 |

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

Lemuel

LAST

Albrittai

HOUR A.M. MONTH DAY YEAR P.M

19

TRINITY MEM.

211 LOCATION

STREET

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN STATE

| 220 | I certify that (I) (this hospita | ottended the deceased | from CA | 20 | 19.00 | to | 19. | XIO. | that (I) (we) I |
|-----|----------------------------------|----------------------------|---------|--------------------|-------------------|----------------------|---------------|------------|-----------------|
| | saw the deceased alive an | view the body alter death. | 19_0,0 | and that in (my) (| our apinion death | occurred on the date | e and haur an | d from the | couses stated |
| 77h | SIGNATURE | 0.0 | ~ | DEGREE | | | | 22c DATE | SIGNED |

22e. ADDRES

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

LAST

Arthur O. Wooddy M.D.

23c NAME OF CEMETERY OR CREMATORY

COUNTY GRDNS WALDORF

CHARLES

24 FUNERAL DIRECTOR

25g DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

poge 3 BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMPORTANT should be with the S

DHMH - 16 60M 7/B4 (VRA 15, 4)

00

CERTIFICATION OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER

21d INJURY OCCURRED WHILE

NOT WHILE

230 BURIAL, CREMATION, REMOVAL 23b DATE BURIAL

01/20/86

21e PLACE OF INJURY

AREHART FUNERAL HOME, INC., LAPLATA, MD.

.ilvoc-maken inskiencim . M. atricia . . Horittain, a Plata. Md.

THE S 1998 John Tolland

DHMH - 16 60M 7/84

(VRA 15, 4) 6633

013046

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH Arehart January 8, 1986 Charles 3:03 M & AGE [IN YEARS LAST BIRTHDAY] 5 DATE OF BIRTH IF LINDER ! YEAR August 27 Caucasian 1905 L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH

MARRIED XXIVEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Hospital

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Mortician Funeral Service 13e.STREET ADDRESS / ZIP CODE Box 66, Fairgrounds Road (20646)

12h KIND OF BUSINESS OR

Charles

IS MOTHER'S MAIDEN NAME Charles H. Arehart Lena Mitchell 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO N/A GIVE WAR OR DATES)

La Plata

579-01-8775

4 RACE

ADDRESS Cludine L. Archart - Same As #13 A-E

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line fector), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if onv. which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last

13d. INSIDE CITY LIMITS?

YES K

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

DEGREE

22e ADDRESS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)

21f LOCATION CITY OR TOWN

20a AUTOPSY?

saw the deceosed alve an above (I) we) (did) (did not view the body ofter death

and that in (my) (our) opinion deoth accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL

22d. PHYSICIAN'S NAME ITYPE OR PRINTS

La Plata, Md. 20646

236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE January 9, 1986 Lee's Crematory Cremation

Clinton, Maryland

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Old Alexander Ferry Road, Clinton, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 9 1986 JAN

PHYSICIAN DIRECTOR DPHYSICIAN

www.doon-Rando

206. IF YES, WERE FINDINGS USED

The second

A CONTRACTOR SECURITY AND CONT

1/21/35

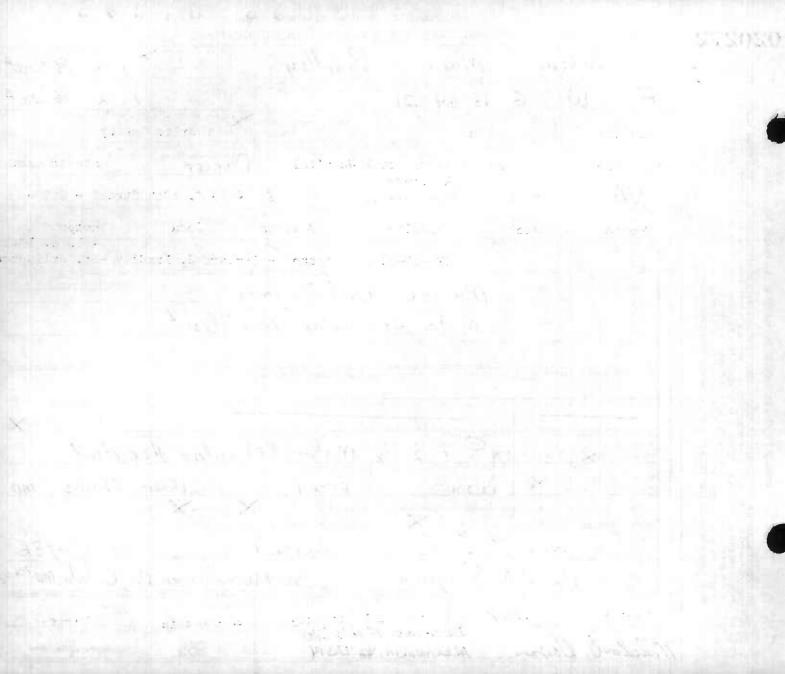
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THE PARTY AND A PROPERTY OF THE PROPERTY OF THE PARTY OF

Cartago march 1260 1160 March 14,1260 1165 CET-15-3010 pds ed L. i scoody 'Same As Mital sinfacty. Anomable transform browder dd-(Tw lainte

duseur a. Billey .H. Richmond, Vigginia 10% at 1 188 yeurs | Law a

| | | | FOR STATE | | 1 | DEPARTA | STATE LENT OF HE | OF M | ARYLAND AND MENTAL H | INDIENE | 0 1 | Ö | 9 5 | | |
|----------|--|---------------|---|-------------------------|-----------------------------|----------------|--|-----------|-------------------------------------|------------------|----------------------------------|--------------|----------------|-----------------------------|--------------------|
| 02 | 20272 | | REGISTRAR | | ME | DICALE | XAMINE | R'S C | ERTIFICATE C | F DEAT | H REG | . NO. | 5 4 | | |
| | 28.23.25. A | | E OR PRINT) | lena | N. | lané | | Bn | edley | | OF ESTI- DEATH MATED | D MONT | 13 | 86 P | 2:US M |
| | S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS YOU PRESTON STREET, WESTON STREET, | 3 SEX | 1. RAC | N I | 5. DATE OF BIRTH | 64 | AGE (IN YEARS LAST BIRTHDAY) 21 YRS. | MONTH | DER I YR JAFUNDER | | DATE ONOUNCED DEAD | MONTH | | 0- | ZUS A |
| | RAIL YOUR YOUR | 7a B1 | RTHPLACE (STATE OR | | 76. CITIZEN OF WI | | | MARRI | ED NEVER MARRI | ED X 9 | BALTIMORE CIT | Y OR COU | NTY OF DE | | |
| | N N N N N N N N N N N N N N N N N N N | 1 | /irginia | | USA | | | WIDOW | | | Charles | | | | MD. |
| | PAGH | | La Plata | | | ians M | lemoria | 1 Ho | | PRMOS | OCCUPATION T OF WORKING LIFE) | (TYPE OF WOR | OR IN | OF BUSI NDUSTRY rtain | |
| 21201 | ANY DE AND 3 T RETAIN HOULD B RECORD | 13a. S | ATE ATE | 13b. COUNT | | LA CITY | | e | 134 INSIDE CITY LIMITS? YES NO X | 13e. STREET 481. | 3 S. 13 | th Str | eet - | 2220 | 04/ |
| MD. | 1, 2, 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | J4.EA | THER'S NAME | | MIDDLE | J | NST | | 15 MOTHER'S MAIDE | | MIDDLE | | LAS | ST | |
| ORE, | DEA) | | Thomas | | ack | | dley | | Barbara | 3 | Jean | | Thor | | -1-2- h |
| ALTIM | JRS AFTER I B. GIVE PAC WITH FOR T. PAGES DIVISION | 16a. V | AS DECEASED EVER S, NO. OR UNKNOWN) NO | (IF YES, GIVE W | ED FORCES? (AR OR DATES) | | 13-359 | | Mother - | Barba | ra J. B | | | | 13th ingto |
| ST., 8 | OURS A 18. GI 3. WITH MIT. PA 16. DIVI | | 18 CAUSE OF DEAT | TH (Enter only | one cause per line | for (o), (b), | and (c).) | / | 07: | | | | APPR | OXIMATE IN | ND DEATH |
| NO | 24 HOUR ITEM 18. LLONG W PERMIT. GIENE, D | 7 | 8190 | MMEDIATE | CAUSE (a) | AS A CONS | SEQUENCE OF | elec | inje | ing | | | | - | _ |
| RES | PENCIL IN WINER A WINER A - TRANSIT ENTAL HY OR REMO | | Conditions, W | | N | lotor | Vel | uce | ular A | 0000 | lent | | 100 | | |
| . w | KECUTED WITHIN 24 HO. 4G", IN PENCIL IN ITEM I. AL EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE. ATION, OR REMOVAL. | 1 | gave rise to cause (a) stating lying cause last | g the under- | DUE TO, OR | AS A CONS | EOUENCE OF | | 7 | CCC | | | | 100 | |
| 5, 20 | CCUTE NO MINION | | | | (c) | | | | | | | | | | |
| RECORDS | SHOULD BE EXECUTED DRD "FENDING" IN PROCHIEF MEDICAL EXAMED TO PREATH AND MEDICAL CREMATION, CASHING CREMATION, CASHING TO SHOULD S | NO | PART 2 OTHER SIGNIFICAN | IT CONDITIONS <u>CC</u> | DNTRIBUTING TO DEATH | BUT NOT RELATI | O TO THE TERMINA | L OISEASE | OR CONDITION GIVEN IN PA | RT 1 (o) | | | | | |
| AL RE | SED A | CERTIFICATION | 190 DATE OF OPER. | ATION | 19b. CONDI | ION FOR W | HICH OPERAT | ION W | AS PERFORMED? | | | | 20 AU | TOPSY? | |
| , VII | NIO NIO | E E | 210 EXTERNAL CAU | SEWAS | 21b. TIME OF | INTERV | | 21, HC | W INJURY OCCURRE | D SENTER MATE | IDE OF IN HIR WILLIAM | | | s 🗌 | NO X |
| NO NO | IE THIS CERTIFICATE SHORE RWARDED TO THE CHI RATE BE AS THE DEPARTMENT OF STATE DEPART | AL CI | UNDERLYING CONTRIBUTING | OR | HOUR A.M | MONTH | 2 19 SG | -0 | 10 For V | Pho. | Icor A | Accu | duit | / | |
| DIVISION | CERTING TING 3 SH DEPA 1 PRO | MEDICAL | 214 INJURY OCCUR | RED | 21e PLACE C | | (AT HOME. | 211. LOC | ATION | 6 | ITY OR TOWN | 1 | COUNTY | | STATE |
| ō | E, WRI RWARD RWARD PAGE STATE (2, 2)201 | 2 | AT WORK AT W | VORK | 0. | 51 | | | 4301 | T | Faulker | er (| herle | S | mp |
| | POR HEST | P | 22a. I certify that | I taak charge | of the remoins des | cribed abav | e, held an | Autops | y . Inspection | | Inquiry . | ond in my | opinion | | |
| | CERTIFICATE ULD BE FOR UDBECTORE I, WITH THE | 1 | deoth resulted from | n: Notura | l couses . | Accident | Suicie | de 🔲 | Hamicide | Undeterm | ined manner |], | | | |
| | E CER DUID DUID H, WI | | ACTUAL SIGNATURE |)an | 4711 | 1 | ٠ | | ASSES Pan | + | | DAT | | 12/ | 56 |
| | EDICAL BY SHOUND SHOULD | | | 04. | 1116 | | 4 | | C. 10 | | 16 | SIGI | I O . | 1 1 | 70611 |
| | TO MED EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO | | EXAMINER'S NAME (TYPE OR PRINT) | MAGI | | ingri | | / | ADDRESS 3019 | | naven | Wr. | Callai | a, Ini | 76 |
| | EDSE48 | 23a. BI | JRIAL, CREMATION, P | REMOVAL 231 | | | AME OF CEME | | | 23d. LOCA | | | YTHUC | STATI | |
| 9929 | CBP 2 | 24 FI | Burial INERAL DIRECTOR | ./ | 1/16/86 | DEMA | Ivy Hil | 1 4 | S Dic 25a. DATE F | REC'D. BY RE | wandria GISTRAR ZON | EGISTRAR'S | Vi SIGNATUR | rgin | ia |
| 1 | VR A15 ME (5)) | n | Takcolm O. | Dois | AUDRESS | ALEXA. | | | 2314 1 | AN 16 | | 1. Ber 10 | Andri-1 | ander | ~ |
| | | | | 0 | | | | | | | | | | | |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND 8 6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

| 1 | | CEASED NAME | FIRST | | WIDDLE | (| A51 | 31.371 | 20 DATE OF DEATH | MONTH D | AY YEAR | 76 HOUR |
|----|---------------|-------------------------------------|-----------------------------|------------------------|----------------------|-------------|-----------------|-----------------------|-----------------------|---------------------|-----------------|----------------------------------|
|) | LIAME | OR PRINT) | Char! | | ussell | (| Cox | dide. | January | 10.1986 | | 5:30a _M |
| | 3 SEX | | | 4 RACE | | S. DATE C | | | & AGE (IN YEARS LAST | BIRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| | | Male | | Cauc | asian | Marc | h 31, | 1903 | 82 | YRS | ONTHS DAYS | HOURS MIN. |
| | | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN O | WHAT COUNTR | Y? 8. | D NEVERA | anien 🗔 | 9 BALTIMORE CIT | OR COUNTY | OF DEATH | |
| 7 | | aryland | | U. | S.A. | WIDOWE | _ | ORCED | Char1 | es | | MD. |
| 4 | 10. CI | TY OR TOWN OF DE | ATH | | HOSPITAL, NURS | | OR OTHER INST | ITUTION | 17a USUAL OCCUP | | | F BUSINESS OR |
| 4 | | La Plata | | Physi | cians Me | morial | Hospit | al . | Mechani | | Gas | Co. |
| C. | | AL RESIDENCE (IF NUR | 135 COUN | | 136 CITY OR TO | | 13d INSIDE C | ITY LIMITS? | 13e STREET ADDRES | S / ZIP CODE | | |
| И | Ma | aryland | Cha | arles | Pomfi | | YES 🗌 | NO X | | 0x-142 | 2 / 20 | 675 |
| 3) | 14 FA | THER'S NAME | | | | | | MAIDEN NAM | AE | | 1079 | |
| U | | Charles | Н. | MIDDLE C | O X | | F | inna | Mae | | aldin | |
| E | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMA | NT | ADI | DRESS | | |
| | | No | - | | 220-26 | -6809 | Gerti | cude R | . Cox | same a | s #13 | |
| | | 18 CAUSE OF DEAT | H (Enter on | ly one couse p | er like for my thing | A DO | _ | 1 | 1 0 | | BETWEEN | MATE INTERVAL DISET AND DEATH |
| | | PART I. DEATH W | | D BY: 'E CAUSE (0)_ | W15 | tale | a | anna | - 190ch | Hema. | S | 140. |
| | -31 | | | DUETO | OR AS A CONSEC | DIENCE DE | | . 1 | 1. | OI N | 1 | |
| | | Conditions, if ony | , which | ((b) | Carc | | · of | the | Winay | Mode | V4. | YK |
| | - 1 | gave rise to imi | | DUETO | OR AS A CONSEC | DIENCE OF | | 1 | | -00 | 17 | |
| | | underlying cause | lost | (6) | JA A CONSEC | DEIVEL OF | 1 | | | | | |
| | | PART 2 OTHER SIGI | NIFICANTO | ONDITIONS | CONTRIBUTING TO | O DEATH BUT | NOT RELATED | TO THE TERMI | INAL DISEASE OR C | ONDITION GIVE | N IN PART 10 | 0 |
| | CERTIFICATION | Acres and American | | | | | | | | | | |
| 9 | CA | 190 DATE OF OPERA | TION | 19b. CON | DITION FOR WHIC | CH OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | GS USED |
| | TIF | | | | | | | | YES NO | | | NO 🗆 |
| | | 710. ACCIDENT WAS UN | | 110110 | OF INJURY | DAY YEAR | 21c. HOW IN. | JURY OCCURR | ED (ENTER NATURE OF | NJURY IN ITEM 18 PA | RT I OR PART 2) | |
| 1 | CAL | OR CONTRIBUTING | | (IH | P.M. | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | RED | | OF INJURY | | 211 LOCATIO | N | CITY OF | TOWN | COUNTY | STATE |
| | 2 | MHILE NOT WE | DRK DRK | (AT HOME, S | TREET PACTORY, OFFIC | E FARM EIC. | 1 | | | 1 | | 3,777.0 |
| | | 220.1 certify that (1) | (this haspi | tol) ottended t | ne deceased from | A =1 | 2-2-6 | , 19 85 | , to | 10 1 | 986 | that (I) (we) lost |
| | | saw the deceas obove, (1) (we) (| ed alive an did) (did no | t view the bod | y after death. | 86 ar | nd that in (my) | (our) opinion d | leath occurred on the | dote and hour | and from the | couses stated |
| | | 22b. S. RF | | 1 (| - | 1 | DEGREE | | 1 | 1 - 1 10 - | 22t. DATE | IGNED |
| | - 37 | Chlin | al a | . man | bust | INO. | | TTENDING PHYSICIAN | MEDICAL S | TAFF SICIAN 🗌 | 1 | 10/86 |
| | | 224 PHYSICIAN'S N. | AME (TYPE O | R PRINT) | | | 22e ADDRES | S | | | | |
| | | Arturo | Mont | eiro, M | 1.D. | | La E | lata, 1 | Md. 20646 | 5 | | |
| | | URIAL, CREMATION, | REMOVAL | | | NAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | COUNTY | 51.17 |
| | (: | Buri | al | 1-13 | -86 5 | it. Jo | seph's | cem. | Pomfre | t, Cha | rles, | Md. |
| | 24 FU | INERAL DIRECTOR | | | P.Q.E | ox 15 | 6 | 250 DATE | REC'D. BY REGISTR | | AR'S SIGNAT | JRE |
| | | | | | | | | | | | | |

Waldorf, Md 20601

DHMH - 16 60M 7/84 (VRA 15, 4)

Huntt Funeral Home

BP.

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(VRA 15, 4)6633

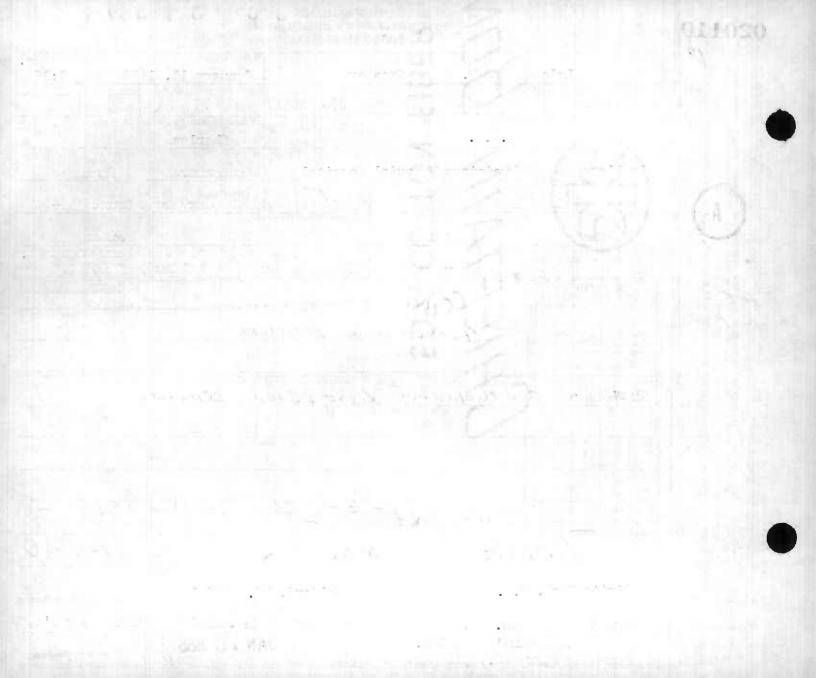
Old Alexander Ferry Rd.

| STATE OF MARYLAND 8 |) |
|--|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIEN | E |
| CERTIFICATE OF DEATH | |

| Ü | 1 | (i) | 7 | 1 |
|---|---|-----|---|---|
| | | | | |

| 20110 | 1- | FOR STATE REGISTRAR | DEPARTI | MENT OF H | E OF MARYLAND OF SEALTH AND MENTAL HYGICATE OF DEATH | | 1 6 9 | - | |
|---|---------------|--|--|--------------------|--|---|-----------------------|--|--|
| 10 | 1 DE | CEASED NAME FIRST | MIDDLE | L L | AST | REG. NO | | YEAR 26. HOUR a. | |
| me X | (1YPE | Lula | M. | Crea | mer | January 1 | 1, 1986 | 3:35 M | |
| and the second | 3 SE | female | caucasian | Marc | h 07, 1911 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER | TYEAR IF UNDER 24 HRS | |
| A 72 hou | | RTHPLACE (STATE OR FOREIGN LUMBIA) | II C A | | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF D | | DEATH | |
| 1 | | TY OR TOWN OF DEATH La Plata | 11. NAME OF HOSPITAL, NURSIN (15 NOT IN SUCH FACILITY, GIVE STREET Physicians Mem | orial | | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker | F WORKING LIFE) INDL | CIND OF BUSINESS OF USTRY OME | |
| 1 | 13a S | MD 136 COU | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Waldorf | VN | 13d INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS / 5003 Merry | zip code mount Cou | rt 20601 | |
| VIII | | THER'S NAME FIRST Melvin | MIDDLE LAST Broome | | IS MOTHER'S MAIDEN NAM Mabel | WIDDLE | | nes | |
| S. Poges | | VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 579–18–8 | | 17 INFORMANT (hush Miles Creamer | | dorf, MD | rymount Ct 20601 APPROXIMATE INTERVAL TWEEN ONSET AND DEATH | |
| ss been signed by the attending emit. Then please remove cost enror to buriol, cremation, is any injury, or other troumoting. | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT RUTION LIVE | DUE TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO CONDITIONS CONTRIBUTING TO CONDITIONS CONDITION FOR WHICH | ENCE OF DEATH BUT | lung Difes | INAL DISEASE OR CON | 20b. IF YES, WERE | | |
| inficate he l-tronsit pol Hygien n 18 show | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI | 216. TIME OF INJURY HOUR A.M., MONTH D. | AY YEAR | 21¢. HOW INJURY OCCURE | YES NO X | YES T | NO [] | |
| ter this cert s the burion ond Ment | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINI ZIG INJURY OCCURRED WHILE NOT WHILE AT WORK | P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE I | FARM ETC) | 21f LOCATION STREET | CITY OR TO | wn coul | NTY STATE | |
| CTOR: Afor use of Health | | saw the deceased alive a | oital) attended the deceosed from 19 & at) view the body after death. | | 6 = , 19.86 id that in (my) tour) opinion (| to | | , that (I) (we) los om the couses stated | |
| By the his enderoched Store Dept. | | 226 SIGNATURE | nott | | DEGREE ATTENDING PHYSICIAN 1220 ADDRESS | MEDICAL STAI | FF 220 | PATE SIGNED 86 | |
| TO FUNERA should be de with the Stot | | Girija Rath | , M.D. | | Waldorf, N | | | | |
| 8P | 1 | Burial, CREMATION, REMOVA SPECIFY) Burial | Jan. 14,1986 W | ashin | emetery or crematory gton National | Cem. Suitla | nd,Prince | George S. N | |
| NH - 16 60M 7/84 | | | uneral Home, Inc. | | 250. DA | AN 16 1986 | 256. REGISTRAR'S S | GNATURE | |

MD 20735



| 029112 | RECORDANCE TABLE WILLIAM DASHER JANGE OFFICE AND THE CONTROL OF STATE OF ST | | | | | | | |
|---|--|---|---------------------------------------|---------------------------------------|--|--|--|--|
| 1 | (Table One search) | | | | The HOOK | | | |
| 1 10 | CHA | | | | | | | |
| - Cope | ## W | | MONTH DAY YEAR | 80 | | | | |
| ment for 72 hours | COUNTRY) | | MARRIED NEVER MARRIED | Charles | | | | |
| -NO | | 11. NAME OF HOSPITAL, NURSI IF NOTING SICH FACHITY, GIVE STREE 1023 DOTSET | NG HOME OR OTHER INSTITUTION TAGRESS) | (TYPE OF WORK FOR MOST OF WORKING LIF | E) INDUSTRY | | | |
| UM5 | Lin. STATE 13b | COUNTY 13c CITY OR TO | WN 13d. INSIDE CITY LIMITS? | | | | | |
| A OR ATTENDING PHYSICIAN. The favor requires, that the death certificate be executed within \$2 hours after death. Page 4 may be the hospital or otherwise physician. LORECTOR, After this certificate has been upped by the otherwing physician and congligate for the function director. Agge 3 stocked for use as the burnel fronts certifi. Then please remove cortion pages, flages, and specificate and mental regions prior to burnel, cremands. Each of Health and Mental Figures prior to burnel, cremands. If hem 2) is marked by him 18 show pay injury, or other troumpile event, the medical classical himself and mental | FIRST | | EHRCT | che Sh | arrar | | | |
| be execut | (YES, NO OR UNKNOWN) (IF) | YES, GIVE WAR OR DATES) | | ADDRES 023 H. Dasher Wald | orf. Md 20601 | | | |
| that the death certificated by the otherding physical section of removal colors on or other troumatic event. | Conditions, if ony, whi gove rise to immedia couse (a), stating to underlying couse lo | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) | HENCE OF | | | | | |
| he low require on. Thus been sign to permit. Then, sees prior to but device to but | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON | | | 200 AUTOPSY? 206. IF YES | S, WERE FINDINGS USED YING CAUSES OF DEATH? | | | |
| PHYSICIAN: Thending physics This careficore the buriel from and Mannol Hyg | OR CONTRIBUTING CAUSE (IN EITHER NOTIFY MEDICAL EX 216. IN JURY OCCURRED WHILE NOT WHILE | OF DEATH AMINER) P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | DAY YEAR 19 211 LOCATION | | | | | |
| DR ATTENDING Prospital or or INTERCION After Pled for side or regit of Health Intern 21 is more | 270 I certify that (1) his saw the decord of above (1) well did to | haspital patterned the deceased from | , and that in (my) Corropinion | | | | | |
| O HOSPITAL O PONEBAL D PON | T. | I HADALE | PHYSICIAN 1776 ADDRESS | Director Physician | 11/248 | | | |
| DD. | 230. BURIAL, CREMATION, REMO | | NAME OF CEMETERY OR CREMATORY | CITY OR TOWN | COUNTY STATE | | | |
| BP | Burial 24 FUNERAL DIRECTOR | | Finity Mem Garde Box 156 256 DA | ens Waldorf, C | harles, Md. | | | |
| DHMH - 16 50M 4/83 (VRA 15, 4) | Huntt Funer | al Home Waldo | rf. Md 20601 | TE REC'D. BY REGISTRAR 25% REGIST | migos | | | |

Market Carety 12 Vandanti Landina Carety Car and and a property was reads van material a van x a little outstand pan iv men u the transfer that the arms of the transfer the transfer to the transfer the transfer to the tr This contract, tracking concerns and within 19454 | Introduced a first Short tuneral stone | tellars on create the same to be a

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

P.U.Box 24 FUNERAL DIRECTOR Huntt Funeral Home Waldorf, Md 20601

Burial

Waldorf, Charles, Md. 11 Jan 86 Trinity Memorial Cem

YEAR

17h KIND OF BUSINESS OR

NPUSTRY Homemaker

6 Blair Rd.

APPROLIMA EN EN AL

STATE

Lilly

COUNTY

22c. DATE SIGNED 1-7-86

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STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

| STATE OF MARYLAND | 8 6 |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CERTIFICATE OF DEATH | |

| | 1. | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH | GIENE REG. NO | | 100 |
|--|---------------|---|---------------------------------------|--|------------------------------|--------------------------------|----------------------|
| 029003 | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH | | 2h HOUR |
| by be | (TYPE | Cleve | land L. | Harris | January | 20 1086 | 3:08A |
| pag er de | 3 SE | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEAR | R IF UNDER 24 HRS |
| 4 66 | | Male | Black | MONTH DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19 | 60 | YRS DAYS | HOURS MIN. |
| E 10 // | 70. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 2 8 | BALTIMORE CITY O | R COUNTY OF DEATH | |
| # 11 1 | 11/ | rth Carolina | 1154 | MARRIED NEVER MARRIED WIDOWED DIVORCED | Charl | 105 | MD |
| \$ 24 P | 10.0 | TY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | | OF BUSINESS OR |
| 1107 | 1 | LaPlata | Physicians | Memorial Hospit | (TYPE OF WORK FOR MOST O | F WORKING LIFE) INDUSTRY | |
| 11/11 | | AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFO | RE ADMISSION) | 13 STREET ADDRESS | | |
| | VIII | aryland Prince | e Geo brandyw | INE YES IN NO | 18t. 1 Bo | x 241 | 20613 |
| 16.4 | F4 FA | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | WE | - L | AST |
| 20/10 | 4 6 | Inknown | | unknow | | - h-1, f | |
| 11年力 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIAL SEC | 11/1/1 | ADDRE | SS | |
| 1 10 | 1 | NO . | | Marlean (Ir | av | | |
| 1 111 | | 18 CAUSE OF DEATH (Enter an | ly ane cause per line far (q), (b), c | ind (c) j | 1 | APPRO BETWEEN | NONSET AND DEATH |
| 400 | | PART I. DEATH WAS CAUSE | E CAUSE (a) | coptines | | | -27-40-0 |
| and | | | DUE TO, OR AS A CONSEQ | HENCE OF | | | FEE 1875 |
| 1 1151 | | Canditians, if any, which | (16) | alress | | | |
| the district | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEO | HENCE OF | | | |
| offer of the | 13 | underlying cause last | DOE 10, OR AS A CONSEC | DENCE OF | | | |
| the state of the s | | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN IN PART | lia |
| The far | No. | Manhed Ca | thetia, | 1 Insphogen | | | |
| 11117 | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR WHIC | HOPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND | |
| 21 201 1 | 1 | | | | YES NO | IN CERTIFYING CAUSE | NO |
| 1 11527 | 1 8 | 210. ACCIDENT WAS UNDERLYING | COLUMN A MA MODELETTI | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | TY IN ITEM 18 PART (OR PART 2) | |
| 34 454 14 | | OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | | | |
| P NES G | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | | |
| 2 4 4 8 9 P | * | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | FARM ETC.) STREET | CITY OR TO | NN COUNTY | STATE |
| a de | | | tal) attended the deceased fram | 1-19 1986 | to 1-20 | 2 10 26 | , that (1) (we) last |
| AT 8 34 5 | | saw the deceased alive on. | 1-20 19 | 21 | | | |
| Principle of the party of the p | | abave (I) (we) (did) (did no 22h SIGNATURE | t) view the bady after death. | DEGREE | | | E SIGNED |
| 0 1 0 50 5 | | 1 | Lm 13. | ATTENDING _ | MEDICAL STAF | F _ / 1- | 20-86 |
| | 4 | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 2000 |
| SP PER PE | | | | | | | |
| 0 £ 2 2 1 3 + | - | | y L. Burke | | Md. 2064 | 5 | |
| | | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | - 13 W | AA STATE |
| BP | B | urial | 24 Jan 86 5 | 7. THOMAS CH. CEM | . WINGS I | INE, P.G. | ND. |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | ADDRESS | n 1 201 / 250 DA | TE REC'D. BY REGION R | ESMARGISTRAR'S SIGNA | EURE AND AND |

| | | | tem 22a For | 1/20/86 | mtb F' | | | | ARYLAND | LI DIENIE | 0 1 | 9 0 | 3 | |
|---------------------------|--|-----------------------|-----------------------------------|-----------------|--------------------------------|-------------|-----------------------------|---------------|-------------------------|------------------|------------------------|---------------|--------------|---------------|
| 04 | 4040 | 1- | STATE | | , | | | | ERTIFICATE | | | | | |
| UI | 4013 | | REGISTRAR CEASED NAME | FIRST | | MID | | VEK 3 C | LAST | | REG. N | | DAY YEAR | 7b. HOUR |
| | w.s.zw.s | | OR PRINT) | NINNICIA | 3 (2.144) | VV | ONNE | TT | ET T | | OF ESTI- | | | |
| - | EAS TOR SUR REET | 3. SEX | I4 R | NANCY | S. DATE OF BI | | I6 AGE (IN) | | DER I YR. HE UND | | DATE | MONTH . | 3 19 86 | |
| | PEC | 1 | | | MONTH | DAY | YEAR LAST BIRTH | DAY) MONTE | | MIN PRO | NOUNCED DE AD | | | 20 110011 |
| . (2) | N V V V V V V V V V V V V V V V V V V V | | MALE W | HITE | MAY 76. CITIZEN O | | 39 46 | 11 | | 9 R | ALTIMORE CITY | OB COUNT. | 3 19 81 | 6 8P M |
| | WE TENT | FO | REIGN COUNTRY) | | | | | WIDOW | ED NEVER MAI | RRIED | | | OFDEATH | |
| | IS NECESSARY, PLEASE FENNERAL DIRECTOR. E. S. FOR YOUR FILES. E. WITHIN 72 HOURS LAW. PRESTON STREET. | PE | NNSYLVA | DEATH | U. S | HOSPITA | L. NURSING HOM | | | | narles Co | | 26 KIND OF B | MD |
| | PESES V | | | | (IF NOT IN SU | CH FACILITY | GIVE STREET ADDRESS |) | | FOR MOST | OF WORKING LIFE) | TO WORK | OR INDUS | TRY |
| | X-7-6 | USUA | a Plata | NURSING HOME O | Physic OR OTHER INSTITUTION | Clans | Memoria DENCE BEFORE ADMIS | 1 HOS | 0 | | EWIFE | | AT HO | |
| 21201 | IF ANY DEI AND 3 TO SHOULD BE RECORD | 13a S | TATE | 13b. COUN | TY | 130 | CITY OR TOWN | | 13d. INSIDE CITY LIMITS | | ADDRESS MAR | | | |
| 0.3 | = aimiss | - | RYLAND THER'S NAME | I CHA | RLES | | RYANS I | ROAD | YES NO E | | 8, TRAI | LOR F | ARK 2 | 0616 |
| ¥ | DEATH. | 1 | FIRST | | MIDDLE | | LAST | | FIRST | 4,00 | MIDDLE | | LAST | |
| OK | | 160 V | EUGENE AS DECEASED EV | FRINUS AR | MED EORCES? | 161 | FULLER SOCIAL SECURI | | MARG. | ARET | ADDRES | \$ | STRA | |
| ALTIMORE | RS AFTER GIVE PA WITH FOR WITH FOR DIVISION | (Y | 5, NO, OR UNKNOWN) | | WAR OR DATES) | | | | | | | RI. | | 155W |
| , × | PACHIN | | NO 18 CAUSE OF D | FATH (F.) | | | | 1508 | J.C.HIL | L, 111, | SON, IND | IAN H | | TE INTERVAL |
| - | 1 N N N N N N N N N N N N N N N N N N N | | PARTIDEATH | WAS CAUSE | RY. | | a), (b), and (c).) | | | | | | BETWEEN ONS | SET AND DEATH |
| 10 | GIEN | | THE RESERVE | IMMEDIA. | | | ke inhal | | | | | | | |
| 19 | AL HYGIEI REMOVAL | | Conditions, | if any, which | 1 502.10 | , 011 70 7 | CONSEQUENCE | O | | | | | | |
| - | NTA OR R | | | ta immediate | (b)_ | OR AS A | CONSEQUENCE | 05 | | | | | | |
| 201 | AL AL | 13 | lying cause l | | 00010 | , 011 75 7 | CONSEGUENCE | Or | | | | | 11.11 | |
| | G" - | | PART 2 DTHER SIGNIF | CANT CONDITIONS | CONTRIBUTING TO D | EATH RUT N | OT RELATED TO THE TEL | PMINAL DISEAS | DR CONDITION GIVEN IN | DART 1 (m) | | | | |
| ORO | MEDICAL MEDICAL MEDICAL AS A BL EALTH AN CREMAT | Z | | | | 201 111 | | MINAL DISEASI | OR COMPITION SIVEN IN | FARE E (U). | | | | |
| DIVISION OF VITAL RECORDS | | MEDICAL CERTIFICATION | 19a. DATE OF OP | ERATION | 19b. CO | NDITION | FOR WHICH OPE | RATION W | AS PERFORMED? | | | | 120 AUTOPS | Y? |
| IAI | SHOUL OND " | FF | | | | | | | | | | | YES 🗆 | |
| P V | THE WONTH OF THE CONTROL OF THE CONT | 1 1 1 | 210. EXTERNAL C | AUSE WAS | 21b. T1M | E OF INJ | URY | 21c HC | OW INJURY OCCUR | RED LENTER NATUR | E OF INJURY IN ITEM 18 | PART TOR PART | | 140 80 |
| N N | SHOOT WAS | ¥ | UNDERLYING CONTRIBUTING | OR CAUSE OF I | DEATH 6 • 18 | RPM 1 | -3- 198 | | railer fi | re | | | | |
| /ISIG | ERTIING TO THE PRICE TO THE PRICE PR | ĕ | 21d INJURY OCC | URRED | Zle PLA | ACE OF IN | JURY (ATHOME, | 21f LO | CATION | | | | | |
| 5 | WRITE OF THE COLOR | E | AT WORK | OT WHILE IN | | raciony, | | | shall Hal | | or town | cour | harles | STATE |
| | R PA | 1 | | | | | d abave, held an | Autap | | | rans Road | 1. | | 1910 |
| | A S C C E S | 1 | death resulted f | Halmu 1995 | al couses | | | ovicide | Hamicide | Undetermin | | nd in my opi | nian | |
| | AN THE BEAT | 1 | dealit resolled (| 1 | di cooses | Acci | ideni Eszk, 3 | oicide | TITLE (SPECIFY) | Undetermin | neg manner, | | | |
| | A A SOLUTION AND A SO | | ACTUAL SIGNATURE | MW | XX | 1 | | | D. Assista | nt MEDICAL | EVALUATED | DATE | 1-5-8 | 6 |
| | 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | | J | 1. (| 1 | | | ,,, | | | | | | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE TOR WITH THE STATE DEPARTMENTER DEATH, WITH THE STATE DEPARTMENTER OF THE TOR TO THE STATE OF THE TOR TO T | | EXAMINER'S NA. (TYPE OR PRINT) | ME Ar | n M. Di | ixon, | M.D. | THE P | ADDRESS111 | Penn St | ., Balto |)., MD | 2120 | 1 |
| | 5×45×4 | 230. BI | RIAL, CREMATIO | N, REMOVAL 2 | 3b DATE | | 23c. NAME OF CI | EMETERY O | R CREMATORY | 23d LOCAT | ION | COUNT | TY. | STATE |
| 07/84 | BP | , , | BURIA | | 1/07/8 | 86_ | SACRED | HEAF | T | BUSHV | | T.MAF | | MD. |
| 25M | DHMH - 17 | 24 FL | NERAL DIRECTO | 2 | ADI | DRESS | | | 25e. DAT | E REC'D. BY REG | ISTRAR 25h REG | ISTRAR'S SH | GNATURE | 4 |
| | (VR A15 ME (5)) | AR | EHART F | UNERA | | | LAPL | ATA.N | ID. JA | N 8 19 | 86 gul | a David | son Bond | 400 |

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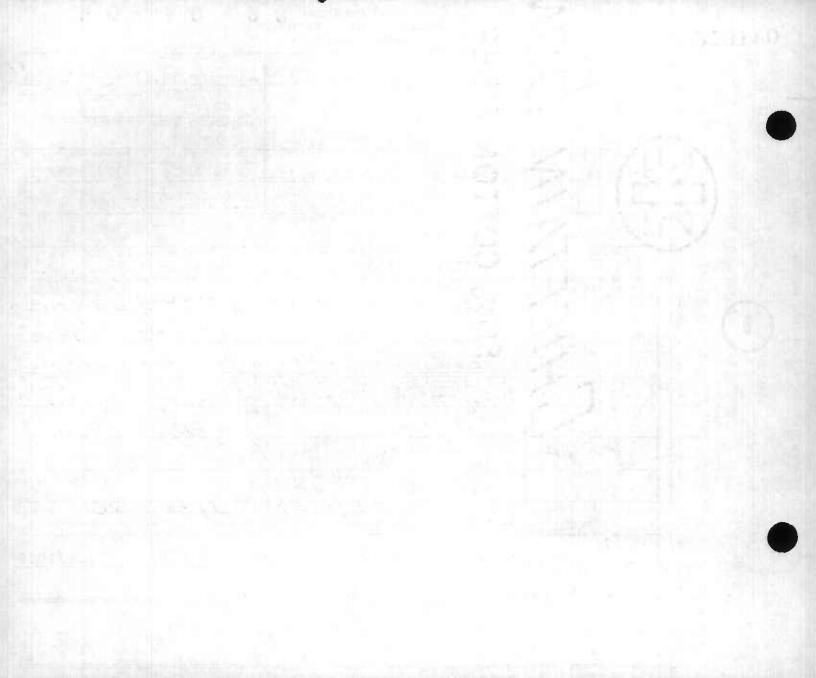
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

| | FOR STATE REGISTRAR | | | F HEALTH AND MENTAL F | YGIENE REG. NO. | | | | | | |
|-----|---|---|--|----------------------------------|---|---|--|--|--|--|--|
| | I. DECEASED NAME FIRST | MID | DLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | | | |
| | | jamin | Alfred | Jackson | January 30, | 1986 12:00 | | | | | |
| | 3 SEX | 4 RACE | | TE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | |
| | MALE | BLACK | гой | V. 22,1905 | 117. | 5 | | | | | |
| | 70 BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WI | AAADI | RIED NEVER MARRIED | 9 BALTIMORE CITY OR COUN | ITY OF DEATH | | | | | |
| À | MARYLAND | | STATES WIDO | WED DIVORCED | CHARLES | MD. | | | | | |
| ŕ | 10 CITY OR TOWN OF DEATH | | SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS) | E OR OTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING | 126. KIND OF BUSINESS OR | | | | | |
| ď | LaPlata | | | rial Hospit | | GOVERNMENT | | | | | |
| 200 | USUAL RESIDENCE (IF NURSING HOME (130, STATE 130, COU MARYLAND CHA | INTY 13 | VE RESIDENCE BEFORE ADMISSIO 30 CITY OR TOWN NANJEMOY | 13d. INSIDE CITY LIMITS YES NO X | RT.1 BOX 70 | DE 20662 | | | | | |
| 1 | BUNNY | WIDDIE | JACKSON | MAMTE | NAME | JACKSON | | | | | |
| | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? | 66 SOCIAL SECURITY NO | | | Rt.1 Box 71 | | | | | |
| | (YES, NO OR UNKNOWN) (IF YES G | A PATES) | 220-38-391 | 13 William | illiam H. Bannister Nanjemoy, Md. 2 | | | | | | |
| | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING. | CONDITIONS CON 196 CONDITION 3 216 TIME OF I | SA CONSEQUENCE OF STRIBUTING TO DEATH BI BLACK ON FOR WHICH OPERAT NJURY | TION WAS PERFORMED | 200 AUTOPSY 2 208 IF VIN CER VES NOTE NOTICE NATURE OF INJURY IN ITEM I | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES VO | | | | | |
| 1 | OR CONTRIBUTING (CAUSE OF | | MONTHY DAY PEA | ar n | A | | | | | | |
| | OR CONTINUE TO CALLE EXAMIN 21d INJURY OCCURRED WHITE DET WHY! AT WORK ALMORE ALMORE | 21e. PLACE OF | INJURY | 211 LOCATION STREET | 1 A CITY OR TOWN | COUNTY STATE | | | | | |
| | | 220 1 certify that (I) (this hospital) attended the deceased from 3 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | | | | | |
| | 124 SHISNIAD RE | 22 DEGREE | | | | | | | | | |
| _ | rule | fute | THE OVE | | MEDICAL STAFF DIRECTOR PHYSICIAN | 1/30/1986 | | | | | |
| | Dr. Paul | | t | LaPlata, | Md.20646 | | | | | | |
| | 230. BURIAL, CREMATION, REMOVA | | | F CEMETERY OR CREMATOR | 23d. LOCATION | COUNTY STATE | | | | | |
| | BURIAL | FEB.3, | 1986 EMMOF | RY CH. CEM. | NANTEMOV | CHADIES MD | | | | | |
| | 24 FUNERAL DIRECTOR | | ADDRESS | 25a | PATE RECID. BY REGISTRAR 251. REG | ISTRAR'S SIGNATURE | | | | | |
| | THORNTON'S FUR | VERAL HO | ME POMO | ONKEY, Md, | O DE STATE OF THE PARTY OF THE | | | | | | |



STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| H | - STATE REGISTRAR | | | CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|-----|---|--|------------------------------------|--------------------------------|------------------|--|--------------------------|---|---------------------------------------|------------|-------------------|---|
| 1 | | DECEASED NAME FIRST | | ^ | AIDDLE | | LAS1 | 20 DATE OF DEATH | | YEAR | 2b HOUR | _ |
| 7 | JITE | EUGENE | | AUGUSTINE | | NE . | JENKINS | JANUARY | 3. | 1986 | 6:18 a | и |
| | 3 SEX | (| | 4 RACE | | | OF BIRTH | & AGE (IN YEARS LAST BIR | THDAY) IF UN | DER TYEAR | IF UNDER 24 HRS | |
| | | MALE | | WHI | TE | Marc | 1 0 7007 | 88 | YRS | DATS | HOURS MIN, | |
| 2 | | RTHPLACE I STATE OR F | OREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 | | | DXX NEVER MARRIED | 9 BALTIMORE CITY C | | DEATH | | |
| 3 | 5 | MD | | USA | | WIDOW | | CHARLES | | | | |
| 1 | 10 CI | TY OR TOWN OF DEA | ATH | | | URSING HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPATION 170 USUAL OCCUPATION 170F OF WORK FOR MOST OF WORKING LIFET INDUSTRY | | | | |
| 20 | <l< td=""><td>A PLATA</td><td></td><td></td><td></td><td></td><td>HOSPITAL</td><td>Powder Fa</td><td>actory</td><td>U. S</td><td>. Govt</td><td>-</td></l<> | A PLATA | | | | | HOSPITAL | Powder Fa | actory | U. S | . Govt | - |
| | | AL RESIDENCE (IF NURS | ING HOME OR | | GIVE RESIDENCE | BEFORE ADMISSION) | 1136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | / 7IP CODE | | | _ |
| 5 | | MD | Ch. | arles | | an Head | | | 30x 153 | 1 2 | 20640 | ľ |
| 2 | 14 FA | THER'S NAME | | MIDDLE | LAS | ī | 15 MOTHER'S MAIDEN N | NAME | | LAS | | Ī |
| 2.5 | 1 | John | | W. | Jen | kins | Mary | | | Wri | ght | |
| 0 | | WAS DECEASED EVER IN U.S. AR | | MED FORCES? | 166 SOCIAL | SECURITY NO. | | pouse ADDR | iss | | 5 5 830 | |
| | | No | | | 217- | 34-121 | Olga T. | Jenkins | same | same as 13 | | |
| | | 18 CAUSE OF DEAT | H Enter on | ly one cause per | line for ia), (l | b, and ic | 2-0 | A 12 B | | BETWEEN | MATE INTERVAL | _ |
| V, | | TANTI DEATH | | E CAUSE (a) | | (Bry | -0 | 3 1 | well | _ | | |
| 3 | | | | DUE TO, OI | R AS A CONS | SEQUENCHOF | | | | | | |
| | | Conditions, if any, gave rise to imm | | (b)_ | | | | | | | | _ |
| а | | cause Ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. | | | | | | | | | | |
| | | | | (c) | | | | | | | | _ |
| | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | | |
| 0 | CERTIFICATION | 190 DATE OF OPERA | TION / | 10h CONDI | V - U4 | HICH OPERATIO | IN WAS PERFORMED | 20a AUTOPSY? | 200 AUTOPSY? 206 IF YES, WERE FINDING | | | |
| 1 | FIC | THE DATE OF CHERA | The condition for which of Example | | | IN WAS PERFORMED | | IN CERTIFYING CAUSES OF | | | | |
| 4 | ERT | 71n ACCIDENT WAS UNE | DERLYING F | 216. TIME OF INJURY | | | 21¢ HOW IN IURY OCCI | | | | | _ |
| 2 | | OR CONTRIBUTING | TH HOUR A.M. MONTH DAY YEAR | | | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR | | | | | | |
| | MEDICAL | [IF EITHER NOTIFY MEDICAL EXAMINER] | | P.M. 19 21e PLACE OF INJURY | | | 211 LOCATION | | | | | |
| | ME | WHILE NOT WE | (AT HOME STR | EET FACTORY OF | FFICE FARM ETC) | STREET | CITY OR TO | CITY OR TOWN COUNTY | | | | |
| | | | | tal) attended the | e deceased f | rom | 10.8 | 3 to 1- | 3 19 | 85 | that (I) (we) las | - |
| | | 270.1 certify that (I) (this hospital) attended the deceased from | | | | | | | | | | |
| | | 22b SIGNATURE | dia) (dia no | liview the bady | after death. | 2/7 | DEGREE | | | 22c, DATE | SIGNED | - |
| Н | | X | 4 | 141 | 10 | REV | ATTENDING PHYSICIAN | FF CIAN [] | 1-3 | 3-78 | 2 | |
| | | 226 PHYS CIAN'S NA | AME TYPE O | R PRINT) | | | 22e ADDRESS | | | / | | _ |
| | | DANIEL H | OWELL | , M.D. | | | LA PLATA | | | | | |
| | 230 B | URIAL, CREMATION, | REMOVAL | 23b DATE | | 23c. NAME OF C | EMETERY OR CREMATORY | Y 236 LOCATION | ro | INTY | STATE | = |
| | | Buria | 1 | 1/6/8 | 6 | St. Jo | seph's Cem | | , Charl | es, | MD' | |
| | | | | | | | | | | | | |

Huntt Funeral Home, Inc., Waldorf, MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

Torder Equipment E. S. Sovb. Charles Indian out a first assessed THE WIND CONTRACT COLUMN TO LIGHT ------- Ill-St-Ill S Clail. Jen'in same as IS Till selvendl seed by a large of the little in the little Number Tomesal No. . Time. . "alicett. . . .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE P. STATE CERTIFICATE OF DEATH 024013 REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH Zb HOUR DECEASED NAME (TYPE OR PRINT) George Bowen Kirkpatrick January 19, 1986 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR 3. SEX 8/10/16 YEAR Caucasian Male 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH & BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED USA Charles County DIVORCED 1 WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Automobile LaPlata Physicians Memorial Hospital Salesman JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 20640 28 Jonquil Place Headyes -Charles Indian 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Bowen В. Kirkpatrick Roberta George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2710 Urbanna Dr. YES NO OR UNKNOWN) I IF YES GIVE WAR OR DATES! 577-07-5046 Stephen D. Kirkpatrick Wheaton. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS ANONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO [216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE FITHER NOTIFY MEDICAL EXAMINER PM 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STREET (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 270 | certify that (1) Whis hospital) attended the deceased from

and that in (my) (our) opinion death accurred at the date and hour and from the causes stated

COUNTY

77h SIGNATUR

the deceased alive on_

22e ADDRESS

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED.

230 BURIAL, CREMATION, REMOVAL

23b. DATE

1/23/86

23c NAME OF CEMETERY OR CREMATORY

Vet. Cem.

DEGREE

73d LOCATION

20646

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf

Md.

Cheltenham, Pr. Geo 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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| | % % % £ ⊢ | (TYPE O | R PRINT) | Charle | es | Calver | t Tan | caster , S: | OF ESTI- | 1/24/ | ' 10 86 M |
| | IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. F. FOR YOUR FILES. ED, WITHIN 72 HOURS I'W. RRESION STREET, | 3. SEX Ma | | RACE White | 12/21/ | 6 AG | | DER TYR. IF UNDER | | 1/ 24 | 1/ 19 86 Å M |
| 1 | SEL VELLE | | HPLACE (STATE | E OR | 76 CITIZEN OF WE | HAT COUNTRY? | 8 MAPP | IEDXIX NEVER MARE | 9 BALTIMORE CITY | | |
| | SAN SER | Mai | ryland | | U.S. | .A. | WIDOV | | | County, | MD |
| | PAGE S | 1 | OR TOWN OF | | II. NAME OF HOS (IF NOT IN SUCH FA Physici | PITAL, NURSING CILITY, GIVE STREET AD | DRESS) | | 176. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) | | KIND OF BUSINESS OR INDUSTRY arming |
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| | D TOTAL | 14. FATH | TER'S NAME | · | MIDDLE | LAST | | 15. MOTHER'S MAID | DEN NAME | | LACT |
| | SAN SERVICE | | mon Sp | | Lancas | ter ,Sr | • | | nda Flizabet | h Jenk: | ins |
| ī | ALTIMO AFTER E SHVE PAC SHORES 1 VISION C | 16a WA (YES, I | S DECEASED E NO, OR UNKNOWN O | VER IN U.S. ARA | MED FORCES? WAR OR DATES) | 212-36 | -7043 | Helen | S. Lancaster | | Same As 1 |
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| | SHOULD BY SHOULD BY SHOULD BY SHOULD BY SEN E USED AS IT OF HEAL! OR! ALL OR! | FICATIO | O DATE OF O | PERATION | 196 CONDIT | TION FOR WHICH | OPERATION W | AS PERFORMED? | | 20 | D AUTOPSY? |
| | DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTION THE WORD "PENDING" ROED TO THE CHIEF MEDICAL AS 3 SHOULD BE USED AS A BUILDE OF PERTINALLY OF HEALTH AND OF PRICE TO BURIAL, CREMATI | CALC | | OR CAUSE OF I | DEATH P.M | MONTH DAY | YEAR | | ED CENTER NATURE OF INJURY IN ITEM I | B PART 1 OR PART 2) | YES NO X |
| | - #347₽5 | WED V | VHILE TWORK | | STREET FACT | OF INJURY (ATH ORY, FARM, ETC.) | | CATION | CITY OR TOWN | COUNTY | STATE |
| • | TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STYLE AND A SHORE, MARYLAND, 2 | A Si | 220 I certify to death resulted CTUAL IGNATURE CAMINER'S NATURE YPE OR PRINT! | fram: Natur | e of the semoins desiral covises X, | Accident . | Suicide | Homicide TITLE (SPECIFY) | Undetermined manner Int MEDICAL EXAMINER 111 Penn St. | DATE | 1/25/86 |
| | PAGE PAGE — | 23a.BUR | IAL, CREMATIC | ON, REMOVAL 2 | 3b DATE | 123¢ NAME | OF CEMETERY C | RCREMATORY | 23d LOCATION | | |
| 07/ | 84 BP | Bu | fial | | 1/27/86 | Hol | y Ghos | t Cemete | ry Tssue, Cha | rles | o., Maryla |
| 25/ | | 24. FUN Are | mart F | uneral | Home, In | nc.,La | Plata, | Md. JAN | REC'D. BY REGISTRAR 256 REC | ISTRAR'S SIGN | ATURE |

The second secon duevle. Them begins a marshed ment. Melen 3. instanter, Wife, Jane Ad M Till/36 teleschied teleschied teleschied denni glow 28/71/1 Weelight ; uneral library inc., in Flateria, and the contract transfer of

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL HOME, INC., LA PLATA, MD.

01/17/86

236 NAME OF CEMETERY OR CREMATORY

HOLY GHOST CEMETERY

230. BURIAL, CREMATION, REMOVAL

BURIAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ISSUE

3:58 M

20682

JENKINS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

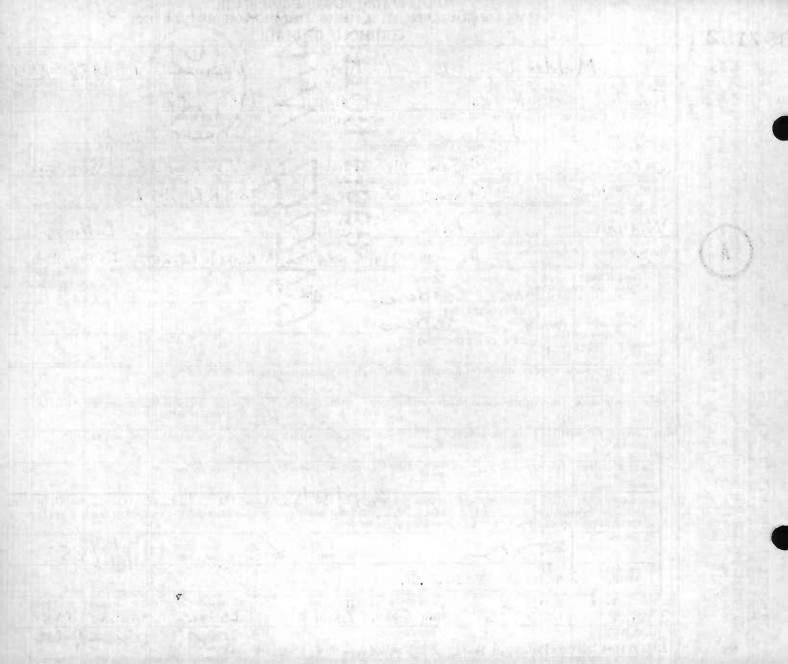
22c DATE SIGNED 1-14-86

CHARLES MARYLAND

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| | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201 | 9 |
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| 007152 | | CERTIFICATE OF DEATH | |
| ==== | | DECEASED-NAME First Middle Lost 2a, DATE OF DEATH | 2b. HOUR |
| er death. funeral 1 and 2 er death. | | - Milared L. Milarey DANGARY | 986 2:55 PM |
| ofter he fur ges 1 ofter | 3. 5 | at a control of partition of the control of the con | UNDER I YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN |
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| in 24 hours ofter death filled in by the funeral popers. Poges 1 and 2 thin 72 hours ofter death | con | WAShingTON DC. USA WIDOWED DIVORCED Charles Count | L Md |
| | 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 1) | 26. KIND OF BUSINESS OR |
| within tely fill the property of the property | | ATATA PHYDRORIAL Refired Housewill | Domestic |
| be executed with and completely elemove carbor (th any event, with any event, and even | adm | . USUAL RESIDENCE (Where deceased lived, if institution: Residence befare lission) STATE M 13b. COUNTY Charles ISSUE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. COUNTY Charles 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. IN | 0645 |
| bud fi | 14. | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Last |
| | 160 | N. III.AM Le GRACE D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address | llings |
| PHYSICIAN: The law requires that the death certificate is hospital or attending physician. his certificate has been signed by the attending physician stacked for use as the burial-transit permit. Then the best of Health prior to burial, cremation, or terminal, and | | , null 033 | ssue, Md |
| as building | | 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| e deal ottend permit on, or | | IMMEDIATE CAUSE (a) Caraliae (NO WILL) | |
| t the deat the ottend sit permit. | | OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (h) | |
| requires that the space of the | | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUINCE OF | |
| equires th physician signed by burial-tra burial, cre | | l <u>ast.</u> (t) | |
| required by the photo purion of the photo puri | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| PHYSICIAN: The law re he hospitol or attending this certificate has been etached for use as the Bept. of Health prior to | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID | DERED IN CERTIFYING |
| The raffe has been lift by | RTIFIC | YES NO CAUSES OF DEATH? | |
| IAN: The | | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item HOUR A.M. Manth Day Year | 18.) |
| vspit ospit certif hed ot. of | MEDICAL | (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Tawn Ca | ounty State |
| bing PHYSIC by the hospi After this certi be detached State Dept. of | | While Not while at work A to work | only side |
| by the fifter peed by the peed beed State | | 220. I certify that (I) (this haspital) ottended the deceased from 12134 185-19 to 11186 19 | _, that (I) (we) lost |
| TEND DR: A bulld the | | saw the deceased alive an | nd hour and from the |
| ECTC S showith | | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE | SIGNED |
| DIR DIR | | DEGREE PHYS. DIRECTOR PHYS. 122e. ADDRESS Waldorf Medical Raj | 182 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | | NAME (Type) R. Timothy Pace, M.D. Rt 301S Box 8&9, Waldorf | |
| HOS noulc | | BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co | ounty) (State) |
| 5 5 5 ja 42 | | SREMOVAL (Specify) 1-3-86 Holy GHOST CEMER-Y ISSUE CHARLES | s M& |
| VR A15 (4) 45M · 1/69 | 24. | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRARS JEN DATE AND SERVICE STRANGERS ADDRESS DATE AND SERVICE STRANGERS ADDRESS DATE AND SERVICE STRANGERS ADDRESS AD | AL Handell |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLY GIENE

- STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME MIDDLE LIVPE OR PRINTS Mary Owen 86 Agnes JE LINDER LYEAR 3 SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH DAY YEAR Female. White 10 10 75 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED [Charles MARYLAND NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY LIE NOT IN SUCH FACULTY GIVE STREET ADDRESS) AT HOME La Plata Physicians Memorial Hospital HOMEMAKER ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 20646 BOX 464 PLATA NO X CHARLES MARYLAND 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MARTHA **JOHNSON** DIXON WILLIAM FLOYD ADDRESS BOX 464 In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 219-56-1997 ANN O. GARDINER, LA PLATA, MD. 20646 NO BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: 10 min IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CE CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2/30/85 ental bleeder 21c. HOW INJUST OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH OR CONTRACTOR CAUSE OF DEATH (IF EITHER AGTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET FACTORY OFFICE JARM ETC) 220 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body after death.

27WSIGN ACURE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL 1236 DATE

Paul Pritchett, MD

22e ADDRESS

ATTENDING

DEGREE

SACRED HEART

Charles St., La Plata, Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

20646

22¢ DATE SIGNED

BURIAL

01/21/86

LA PLATA

CHARLES MD.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

should be with the

(VRA 15, 4)

AREHART FUNERAL HOME, INC., LAPLATA, MD.

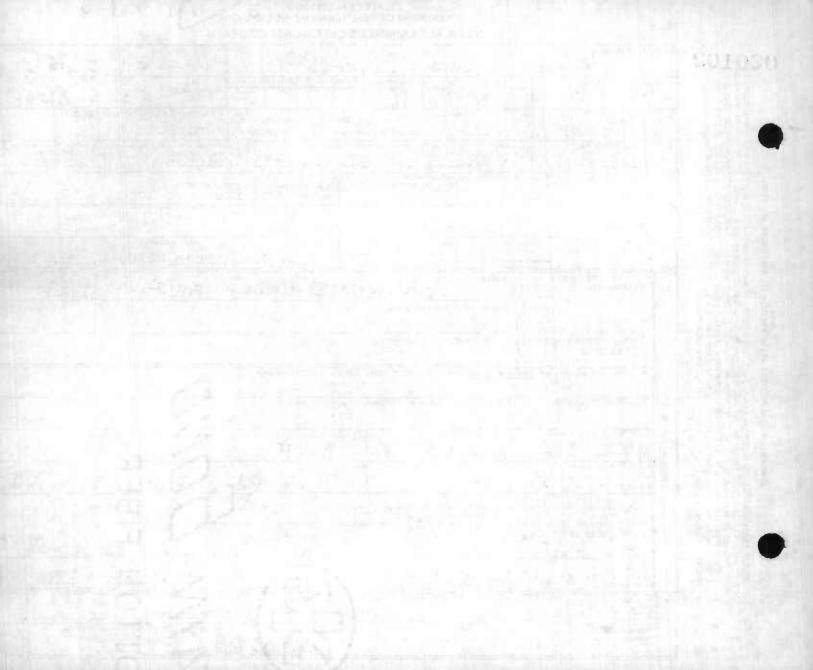
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STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Ze. DATE KNOWN | 020109 (TYPE OR PRINT) ESTI-Michae busias DEATH MATED AGE (IN YEARS 5 DATE OF IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Washington, United States WIDOWED Charles 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Painter Physician Memorial Hospital Private LaPlata USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Charles 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN NO K Firetower Road/ 20693 Maryland Welcome IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE John MIDDLE Shirley Gray Shorter Ann 17. INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 14b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-02-0159 John M. Shorter Welcome, Md. 2069 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY craniocem ca! Notes to Conditions, of any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 140 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR; PAGES SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF THE BALTIMORE, MARY (JAND, 2120) PRIOR TO BURGIA 20 AUTOPSY? 216 EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR AM. MONTH DAY -OR UNDERLYING 5 Jan CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FALM, ETC.) NOT WHILE AT WORK sorte AT WORK L 220 I certify that I took charge of the remains described above, held on Autopsy death resulted from Natural cause Accident Homicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 730 BURIAL, CREMATION, REMOVAL 736 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1-9-86 McConchie Charles Md. Catherine BP 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D. **DHMH - 17** Thornton Funeral Home Pomonkey, Md. (VR A15 ME (5)) 20M 4/B2



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| | REGISTRAR | | | CERTIF | ICATE OF DEATE | 1 | REG. N | 0. | | | |
|---------------|--|---|-----------------------|---------------|-------------------------|--|------------------------------|-----------------|-------------------|--------------------------------------|--|
| | CEASED NAME FIRS | 1 | MIDDLE | i. | AST | 12 | B. DATE OF DEATH | | DAY YEAR | 2b HOUR | |
| (1772 | | arv | Rose | St | eele | | January | 20 1 | 986 | 5 · 33 M | |
| 3 SEX | X | 4. RACE | | 5 DATE C | F BIRTH | | AGE (IN YEARS LAST BIR | THDAY | IF UNDER TYEAR | IF UNDER 24 HRS | |
| | Female | Wh | ite | June | | AR | 85 | YRS | MONTHS DAYS | HOURS MIN. | |
| | RTHPLACE (STATE OR FOREIGH | 76 CITIZEN OF | WHAT COUNTR | RY? B | NEVER MARRIE | D - 9 | BALTIMORE CITY O | R COUNTY | OFDEATH | | |
| M | aine | | S.A. | WIDOWE | DINORCE | D 🗆 | Char | les | | MD. | |
| 1 | ITY OR TOWN OF DEATH | (IF NOT IN SU | CH FACILITY, GIVE STE | REET ADDRESS) | OR OTHER INSTITUTIO | | 20 USUAL OCCUPATI | F WORKING LIF | EI INDUSTRY | | |
| | LaPlata AL RESIDENCE (IF NURSING MO | Phy: | sicians | s Memo | rial Hos | pita | Homen | | | 1 Home | |
| 130 5 | Md. CI | narles | La P. | lata | 13d INSIDECITY LIM | VITS? | STREET ADDRESS CO. | ZIP CODE Nur | sing H | 38 20646 Home | |
| _ | rnest | MIDDLE | Land | ry | 15. MOTHER'S MAID Mary | | zabeth MIDDLE | Go | din '^ | ST | |
| | VAS DECEASED EVER IN U. | S. ARMED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | | | | ry Dr. | |
| | No | ES GIVE WAR ON DATES | 002-0 | 3-3460 | Carolyn | Le | Clair Bry | ans | Road, N | 1d.20616 | |
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| | IMM | DIATE CAUSE (0) | R AS A CONSEC | 0 /2000 | 05 - 000 | 1007 | | | | | |
| | Conditions, if ony, which | | | | | | | | | | |
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| 201 | underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | | | | | | | | | | |
| NO | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | DITION FOR WHICH OPERATION WAS PERFORMED | | | | 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| RTI | A CONTRACTOR WAS AND SOLVE | 20 70 70 70 70 70 70 70 70 70 70 70 70 70 | NE INTUINITY | | Tal. How hilling | 200110000 | YES NO | | s 🗌 | NO 🗌 | |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR A | M. MONTH | DAY YEAR | ZIE HOW INJURY C | CCORRE | D (ENTER NATURE OF INJU | RY IN ITEM 18 P | ARI I OR PART 2) | | |
| MEDICAL | 214 INJURY OCCURRED | 21e PLACE | OF INJURY | - | 211 LOCATION | | CITY OR TO | NAME . | COUNTY | STATE | |
| × | WHILE NOT WHILE T |] [AT HOME ST | REET FACTORY, OFFI | CE FARM ETC) | SINEE | | dir ok ro | | 4 | 31876 | |
| | 22a I certify that (I) (this | hospital) attended th | ne deceased from | m | . 19_ | 80 | _, to | 0 | 19 /12 | that (1) (we) last | |
| | saw the deceased aliv | re on | ofter death | . on | nd that in (my) (our) o | pinion de | oth occurred on the de | ate and hou | ond from the | couses stated | |
| | 22b. SIGNATURE | 100 | . Than I | | DEGREE ATTEND | VINIC | MEDICAL STA | c | 22c. DATE | SIGNED | |
| | Maria | e g | ila | / | PHYSIC | | DIRECTOR PHYSIC | | 1/20 | /1986 | |
| | 22d PHYSICIAN'S NAME (| TYPE OR PRINT) | | | 22+ ADDRESS | | | | | | |
| | Dr. Mic | hael Lea | | | Waldor | | d 20601 | | | | |
| | SURIAL, CREMATION, REMO | | | | EMETERY OR CREMA | | 23d LOCATION CITY OR TOWN | | COUNTY | STATE | |
| | Burial | 1-25 | -86 M | eadowl | | | dens New | | | ey,Fla. | |
| 24 FL | UNERAL DIRECTOR | | ADDRES | s | 2 | Sa DATE F | REC'D. BY REGISTRAR | 25b. REGIST | RAR'S SIGNAT | TURE | |
| Mo | rgan Funera | al Home | Newpor | t Rich | ey,Flori | da . | 40.00 | | | | |
| | | | | | .4 | TATE OF | | PARI I | 17 01 - A - 1/125 | 100000 | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE REGISTRAR

| | STATE | OF MA | ARYL | AND | 8 | 6 |
|-----------|-------|-------|------|------|-------|-------|
| EPARTMENT | OF HE | ALTH | AND | MENT | AL HY | GIENE |
| CE | RTIFI | CATE | OF | DEAT | H | |

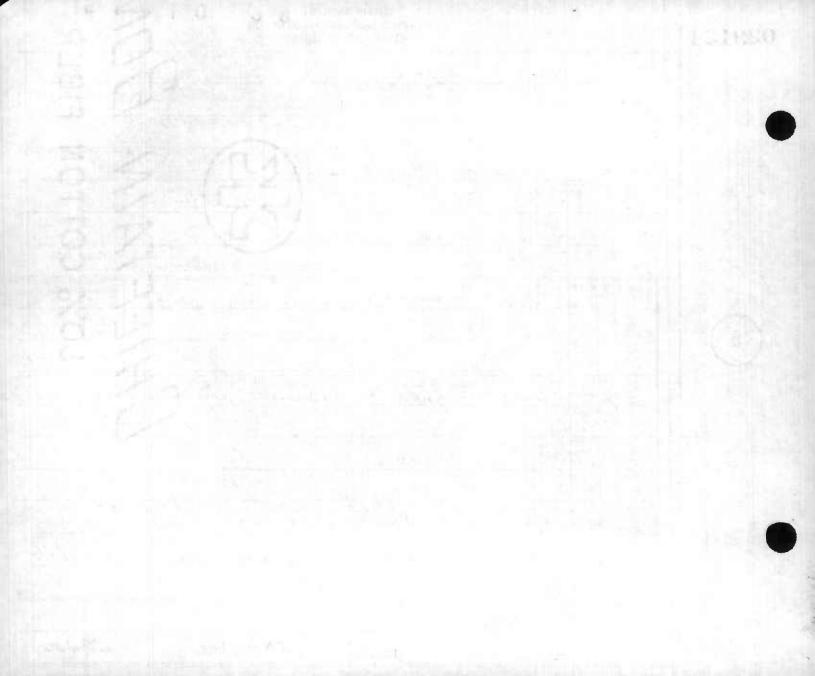
| FILL | MILL | MARIATME | HIGIENE |
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| ATE | OF | DEATH | REG. NO. |
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| | 1160101111111 | | | | | | | REG. NO. | | | | | |
|----------------|---|---|------------------------|--------------|---------------------------------|-----------|---|-----------------------|------------|--------------------------------------|---------|------------|--------|
| | DECEASED NAME FIRST | MID | DIE | L/ | AST | | 20. DATE OF | DEATH M | HTMC | DAY Y | EAR | 2b HOU | R |
| | TYPE OR PRINT) Jul: | ian | Swan | n | | | Janua | ry 21, | 198 | 36 | 1.11 | 5;00 | PM |
| 3. | SEX | 4 RACE | | 5. DATE O | | | | EARS LAST BIRTHE | | IF UNDER I | YEAR | IF UNDER | 24 HRS |
| L | Male | White | | 9 9 | 1 DAY | ĽÔ | 75 | | YRS | MONTHS | DAYS | HOURS | MIN. |
| 7 a | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WE | | MARRIET | NEVER MARK | RIED IX | 9 BALTIMO | RE CITY OR | COUNT | Y OF DEA | TH | 100 | |
| 1 | Maryland | U.S | | WIDOWE | D DIVOR | CED 🔲 | | | Char | | | | MD. |
| 10 | La Plata | (IF NOT IN SUCH F. | ACHITY, GIVE STREET AD | DRESS) | ROTHER INSTITUT | | occupation k for most of v Farmer | VORKING L | | 12b. KIND OF BUSINESS OF INDUSTRY | | | |
| | SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU | NTY 13 | Tisgah | | 136 INSIDE CITY L | | | ADDRESS / Z Delive | | | 640 | | |
| 14 | FATHER'S NAME FIRST Julian | MIDDLE E. | Swann | | IS MOTHER'S MA FIRST Dora | IDEN NAA | F. | WIDDIE | 1 | Swan | n LAST | | |
| 16 | WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) NO 216 | RMED FORCES? 16 IVE WAR OR DATES) -22-2441 | SOCIAL SECURI | ITY NO. | Mr. Jai | mes S | wann | Distri | 621. | 3 Alp Hgts. | ine | St. | |
| | PART I DEATH WAS CAUS | | e for (o), (b), and (| | Julm | one | | ane | at | BET | | MATE INTER | DEATH |
| | Conditions, if any, which gave rise to immediate cause to stating the underlying cause last. | gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | 27 days | | and a |
| MOLTA CIBITADA | PART 2 OTHER SIGNIFICANT | Delydro | | 300 | NOT RELATED TO | man | 4 | OPSY? | 20b. IF YE | Jane S, WERE F FYING CA | INDIN | GS USED | H? |
| | ancommunication Venues area | 21b. TIME OF I HOUR A.M. | | YEAR 19 | 21c HOW INJURY | OCCURR | ED CENTERNA | | N ITEM 18 | PARI I ORPA | RT 2) | | |
| MEDICAL | 21d INJURY OCCURRED WHILE AT WORK AT WORK | INJURY OCCURRED 216 PLACE OF INJURY 216 LOCATION 2 FEET 2 LOCATION A CITY OF TOWN | | | | | | | | COUN | ITY | 5 | TATE |
| | 22a I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n | 1/20 | 19 | 12 PG, on | d that in (my) (aur) | opinion d | , to | // Z | ond ho | | | hot (1) (v | |
| | 22b. Standard Records | win | titel | t-m | | DING | MEDICAL CDIRECTOR | STAFF | и 🗆 | 220. | DATE | SIGNED 1/8 | 16 |
| | Paul Pritch | | 387 | | 22e ADDRESS La Pla | ita,M | d 2064 | 6 | | | | | |
| 23 | a. BURIAL, CREMATION, REMOVA (SPECIFY) Removal | 23b. DATE 1/22/8 | | AME OF CE | EMETERY OR CREM | | 23d LOC/ | | | COUNTY | | 51 | TATE |
| 24 | FUNERAL DIRECTOR | | ADDRESS | 1 | | 25 DATE | REC'D BY R | EGISTRAR 26 | L REGIS | TRAR'S SIC | GNATI | JRE | |
| | | v Board | Ba | alto. | , Md. | SAL | 2819 | 900 | | " Con | -10 | MACINE | • |

Balto., Md.

Anatomy Board

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

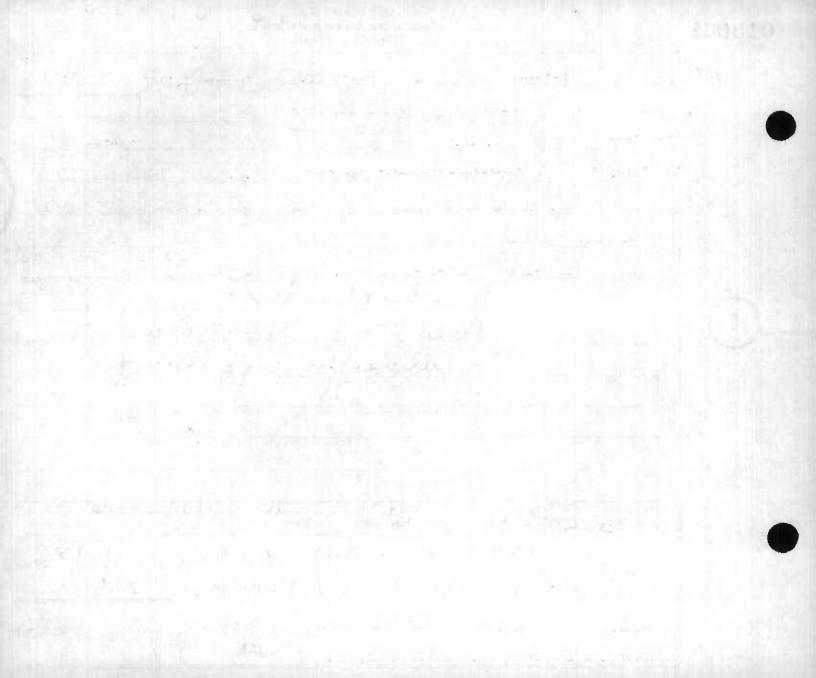
BP. DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

| 1-1 | | CEASED NAME | FIRST | M | IDDLE | L | AST | De La Contraction de la Contra | 20 DATE OF DEAT | H MONTH C | AY YEAR | 25 HOUR | P | | |
|--|-------------------------|--|--------------|--------------------|--|-----------|--------------------------------|--|--|--------------------------|----------------------|-------------------------------|------|--|--|
| 3. SEX MALE 70. BIRTHPLA VOUNTRY VIRGI 10 CITY OR La Pla 130. STATE MARYLA W FATHER'S VIRGI 140. WAS DE 140. WAS D | | Dali | | U | lood , | Sr. | January 6 AGE (IN YEARS) LA | 1 19.86 | | 9;30 | М | | | | |
| | | | | 4 RACE | | 5. DATE C | DAY | YEAR | | | ONTHS DAYS | HOURS I | MIN. | | |
| 2 | | | | WHITE | | | H 12, | 1905 | 80 | YRS | | | | | |
| 13 | | | ORE IGN | | VHAT COUNTRY? | MARRIEI | NEVER | MARRIED - | 9 BALTIMORE CI | TY OR COUNTY | OF DEATH | | | | |
| - | | IRGINIA | 711 | U.S | OSPITAL, NURSI | WIDOWE | | NORCED | 12 1151144 0550 | | harles | F B116 11 156 | MD. | | |
| | 1 | | TH | (IF NOT IN SUCH | FACILITY, GIVE STREET | ADDRESS) | | | 120 USUAL OCCU | OST OF WORKING LIFE | | | OR | | |
| 70 | | Plata, Md | ING HOME OF | Physic: | ians Mem | orial | Hospit | al | U.S. COA | ST_GUARI | O RETI | RED | | | |
| 36 | 13a S | TATE | 135 COUN | JTY | 13c. CITY OR TOW | VN | 13d INSIDE | | 13e.STREET ADDRI | | TANTE | 20616 | 0 | | |
| | _ | ATLAND ATHER'S NAME | ST. | MARY'US | CALIFORN | VIA | YES [] | S MAIDEN NAM | | ANDREWS | LANE | 20619 | 9 | | |
| 27 | | WILLIAM | | ARKIN | WOOD | | | ANNA | REBECCA BLAIR | | | | | | |
| 1 | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORM | | Al | DD 261 KIN | IG DRIV | E 20 | 0653 | | |
| of. | | YES | | -1944 | 229-30- | -5982 | MRS. | VALERIE | H. WOOD, | LEXING | ON PAR | K. MD | | | |
| | | PART I DEATH W | H Enter or | ly one count Ac | CANADA STATE OF THE PARTY OF TH | dicu | 11 | 01 | 1 . | | BEZ WELTH | MATE PUTERVA DEGET ATAD DE | ATH | | |
| | | TARS IL DENIEL W | | E CAUSE (o) | Justres | are | Max | mil | ~ | | - | | | | |
| | 774 | DUE TO GRESTA CONSEQUENCE OF IN LINE VIOLENCE DA SILLA | | | | | | | | | | | | | |
| | | Conditions If any, which gave rise to immediate | | | | | | | | | | | | | |
| | | couse (a), stating the JOUETO OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RUASED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART TO | | | | | | | | | | | | | |
| | NO | | | | | | | | | | | | | | |
| 11 | FICAT | 14s DATE OF OPERA | HON | IN CONDI | TION FOR WHICH | OPERATIO | N.WAS PERF | DRMED | JON AUTOPSYT | 100 IF YES | WERE FINDS | OF DEATH | | | |
| | ERTIE | 21a, ACCIDENT WAS UNC | garrier F | 1 11h TIME OF | T MAIN HOW | | Tare History | NUMBER OF CAME | PED [INTERNATION OF | 100 | had | NO 🗆 | _ | | |
| 0 | 10000 | OF CONTEBUTING S | AUSE OF DEA | HOUR AN | A. MONTH D | | 111.110.111 | TOTAL OCCURR | EPS. LEMIER SPETTING CO. | PHONE NAME OF THE PARTY. | WE T CREAM 2 | | | | |
| / | / CONTRACTOR CONTRACTOR | THE INJURY OCCURS | - | 71e PLACE C | Contract of the last of the la | 19 | ZII LOCAY | ION | | | | | _ | | |
| | ME | WHILE D ACTIVA | H [7] | | ET FACTORY GREEK | | | | Cate | OKTOWN | COUNTY | 3/4/ | II. | | |
| | | 77s I certify that (f) | - | This attended the | deceased from. | 11/3 | 1 | 10 RC | 10 1 | 1 | 9 26 | that it (we | lost | | |
| | | sow the decease | ed offive on | t) view the body's | alter death 19 | 10 | d that in (my | (our) apinion a | leath occurred on t | he diste and how | and from the | courses state | d | | |
| | | 225 SIGNATURE | 10.100.10 | | 1 | - 1 | DEGREE | | A SPECIAL SECTION OF THE PERSON OF THE PERSO | | 22s. DATE | SIGNED | | | |
| | Πå | 1/2 | n | 1100 | MXIN | m | . Mu | ATTENDING E | MEDICAL DIRECTOR DI | STAFF VSICIAN [] | 111 | 186 | | | |
| | | 224 PHASTCIAN'S NA | WE LIABER | PRINT) | JA F |) | 27e ADDRE | SS O | 1 = 10 | <u> </u> | - 1 | 10 | | | |
| | | 101 | 9- | NH | 1 NAN- | \sim | | MYL | 4.114 | ~ Q . | 500 | 16. | | | |
| | 23a. B | | REMOVAL | | | | | CREMATORY | 23d LOCATION CITY OF TOV | VN | COUNTY | STAT | | | |
| | 24 51 | BURIAL JNERAL DIRECTOR | | 1/4/86 | R | IVERSI. | DE PAR | | NORFOLK | | | VIRGI | AIA | | |
| /B4 | | | DINCE | TEID TO | 250. DATE | | | | | GBG REGISTI | に関することを行うという。 | AKE. A. L. SA. | | | |
| | EI | EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. | | | | | | | | | | | | | |



| 7052 | | OR TATE | | | | ARTMENT OF | | AND MI | EN KAL H | | 0 1 | 9 1 | 1 | |
|--|---------------|---|---|---------------|-----------------|---------------------|------------|--------------|------------|---------------|------------------------|-------------|--|--------------|
| LIUUL | | EGISTRAR | | UNIC. | | AL EXAMIN | | | LAIE | | REG. N | | | |
| | | EASED NAME | | | MIDI | | | AST | | 2a. | OF ESTI- | | | 2b. HOU |
| ES. ET, | | | THOM | | | YNE | | 00D, | Jr. | | OF ESTI- | | 5/869 | 3:00 |
| PLEASE RECTOR R FILES. HOURS STREET, | 3. SEX | 1000 | 4 RACE | 5. DATE OF | | 6. AGE (IN Y | | DER I YR. | IF UNDER | | DATE | MONIH | DAY YEAR | 2d HO |
| E 2200 A | 1 | fale | Caucasi | ian 3 | /14/7 | 5 10 | | 0.73 | HOOKS | I I I I | DEAD | 1/5 | 1869 | |
| A SET EN | 7a. BIF | THPLACE (S | TATE OR | 76 CITIZEN | OF WHAT | OUNTRY? | 8. MARRIE | D NE | VER MARR | 1E X X 9. E | ALTIMORE CITY | OR COUNT | Y OF DEATH | 5575 |
| A D F B | 100 | MD | | | USA | | WIDOWE | | DIVORC | | CHA | RLES | | |
| 29/7 | 10. CI | Y OR TOWN | OF DEATH | | | L, NURSING HON | | R INSTITU | TION | | OCCUPATION (TY | E OF WORK | 12b KIND OF B OR INDUS | USINESS |
| CLA | B | yans | Road | 100 | | wherry | | 9 | | Stude | | | Schoo! | |
| 07 | | LRESIDENCE | | | UTION, GIVE RES | DENCE BEFORE ADMIS | SION) | 13d INSIDE C | TV (IMITS) | 13e. STREET | ADDRESS | | 20601 | |
| のり | 134 31 | MD | Char | | | Waldorf | | YES . | NO 💭 | | | P14 | ice. | |
| 111 | 14. FA | THER'S NAME | | | | | | 15. MOTHE | R'S MAIDI | | MIDDLE | | LAST | |
| 46 | | THOM | IAS | WAYNE | E 1 | WOOD S | R. | CA | THER: | INE | ANN | | KYLE | |
| 1 | 16a. W | AS DECEASE | D EVER IN U.S. AR | MED FORCES | | SOCIAL SECURI | | 17. INFOR | | mothe: | | S | | |
| | (YE | NO . | (IF YES, GIVE | WAR OR DATES) | | None | 100 | Catl | | ne A. | | san | ne as | 13 |
| | | | F DEATH (Enter ar | nly one cause | per line far (| | | | | | | | APPROXIMA BETWEEN ONS | ATE INTERVAL |
| | | PARTIDE | EATH WAS CAUSE | D BY: | | -,, (-,, (-,, | Met | ast | the | Canc | Pr | | SETWEEN ONS | |
| - | | | IMMEDIA | TE CAUSE (o | | CONSEQUENCE | - | | | | 1-1-1-1 | | 1 | |
| 2 | | Conditions, if ony, which | | | | | | | | | TA NEW | | | |
| EMC | | | over rise to immediate (b) ause (o) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | | lying couse last. | | | | | | | | | | 1000 | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | |
| _ | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | | Tes Autores | ven. | |
| Z. CREWAT | CA | ING DATE OF | OPERATION | 190. | CONDITION | FOR WHICH OPE | KATION W | AS PERFOR | MEDP | | | | 20. AUTOPSY | A. |
| 3 | RTIF | 11- CYTEDAL | AL CAUSE WAS | 211. 3 | TIME OF INJ | LIDY | 121. 110 | | 0.000 | | | | YES L | NO |
| 4 | | UNDERLYING | | | | ONTH DAY YEA | AR ZIC. HC | M INJUKA | OCCURRE | ED (ENIEKNAIL | JRE OF MJURY IN ITEM 1 | PART TORPA | R1 2) | |
| | S | CONTRIBUTI | NG CAUSE OF | | P.M. | 19 JURY (ATHOME, | 115 100 | CATION | | | | 15.5 | | |
| 7 | MEDICAL | 21d INJURY O | | | REET, FACTORY, | | | TREET | | C | ITY OR TOWN | COL | UNTY | STAT |
| | | AT WORK | NOT WHILE [| | | | | | | | | | | |
| | 115 | 22a. I certi | ify that I took char | ge of the rem | ains describe | d obove, held an | Autops | у 🔲, | Inspectio | on , | Inquiry 🔼 , a | nd in my op | sinian | |
| RYLAND | 13 | death result | red fram: Natu | ural causes | ACC | tdept . s | vicide . | Homi | ide . | Undeterm | ined monner | , | | |
| | | | 12 000 | | 10 |) | | TITYE (S | PEÇIFY) | | | | TO | 2.7 |
| 1 | 15 | ACTUAL SIGNATURE | 111/1/ | nah | -10 | | M. | D. Cla | where | MEDICA | L EXAMINER | DATE | D GUONI | 16 |
| 2 | | EXAMINER'S | NAME HM | Maha | u. Ha | A MD | | ADDRESS | 5R#1 | Rox | 1000 (9) | lata | M 208 | AC |
| | 23a. B | JRIAL, CREMA | TION, REMOVAL | 23b. DATE | | 23c. NAME OF C | | TOOKEOUL | ORY | 23d. LOCA | TION | | /ITV | STATE |
| | (5 | rial | | 1/8/8 | 86 | Trinit | | | | - City GR3 | OWIE | n m F | - | NIT |
| | | INERAL DIREC | CTOR | 1/0/ | | | y ne | mOT-T | 25a. DATE | TANC | 1006 | 11 | Chas. | 70 |
| | H | ntt F | uneral | Home | ADDRESS | donf M | TD. | | | JAN 3 | 1300 | o and | A STATE OF THE PARTY OF T | Moster |
| 17/76 | | | | | Mar | COLL SILV | <u> </u> | | | | | 177 | | |

Liceville THE PARTY OF THE P school de carro d'alle conoli SAN STREET STREET the control is a soul layer 19.00